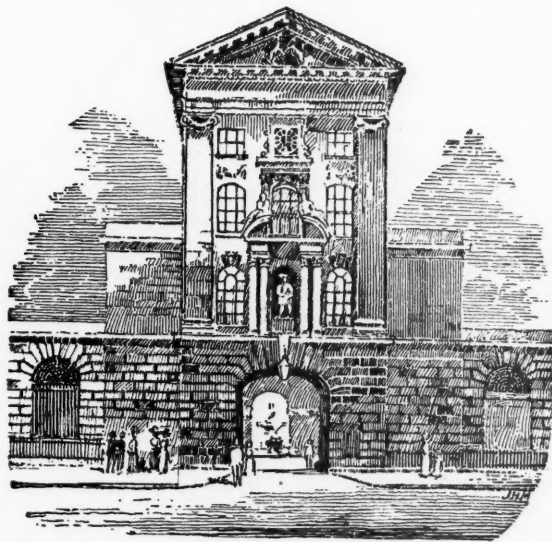


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ST BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXI.—No. 3.

DECEMBER, 1923.

[PRICE NINEPENCE.

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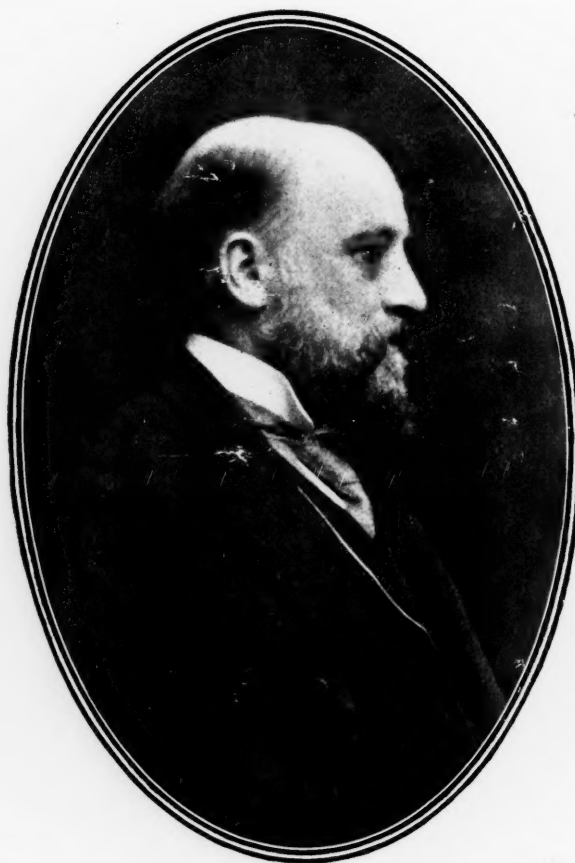
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THE LATE MR. WILLIAM HARRISON CRIPPS, F.R.C.S.

St. Bartholomew's Hospital



"Æquam mentem rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XXXI.—No. 3.]

DECEMBER 1ST, 1923.

PRICE NINEPENCE.

CALENDAR.

- Fri., Nov. 30.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
- Sat., Dec. 1.—Association Football Match v. St. John's College, Cambridge, at Cambridge.
- Mon., " 3.—Special Subject Lecture, Mr. Elmslie.
- Tues., " 4.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
- Wed., " 5.—**St. Bartholomew's Hospital Annual Dance, Prince's Galleries.**
Rugby Football Match v. Old Boys' R.F.U. at Winchmore.
- Thurs., " 6.—University Boxing Championship, Stadium Club.
- Fri., " 7.—Prof. Fraser and Prof. Gask on duty.
- Sat., " 8.—Rugby Football Match v. Old Paulines, at Winchmore.
Association Football Match v. H.A.C. at Winchmore Hill.
- Mon., " 10.—Special Subject Lecture, Mr. Scott.
- Tues., " 11.—Dr. Morley Fletcher and Mr. Waring on duty.
- Thurs., " 13.—**Abernethian Society. Dr. Cox, "An Introduction to Medical Politics."**
- Fri., " 14.—Dr. Drysdale and Mr. McAdam Eccles on duty.
- Tues., " 18.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Debating Society Meeting.
- Fri., " 21.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Last day for receiving matter for January edition of Journal.
- Sat., " 22.—Association Football Match v. King's College, at Perivale.
- Tues., " 25.—Christmas Day.
Prof. Fraser and Prof. Gask on duty.
- Fri., " 28.—Dr. Morley Fletcher and Mr. Waring on duty.

EDITORIAL.

THERE is no season in the Hospital calendar so cheery as Christmas time. Already a doll-dressing factory has sprung into existence in our midst, and by the time this number of the JOURNAL is published it will be positively dangerous for any particularly charming little child to show its charming little nose within the Hospital precincts. Was it not last year that we asked a small patient what was the matter with it, and were told with a friendly smile, "Please, sir, I think I'm quite well now, but Sister thought it would be nice for me to stay here for Christmas"?

We wish all our readers a very happy time.

The Hospital will very heartily welcome Mr. W. E. Le Gros Clark, the new Lecturer in Anatomy.

We hope that Mr. Clark will be very happy at St. Bart.'s. He will find an Anatomy Department whose efficiency has become almost proverbial amongst us. When greeting him we cannot refrain from thanking Dr. L. R. Shore, who has so ably filled the considerable gap between Dr. Macphail and the new lecturer.

Mr. Le Gros Clark was educated at St. Thomas's Hospital, where he gained an Entrance Science Scholarship. Subsequently he won the William Tite Scholarship and the Musgrove Scholarship at St. Thomas's. He qualified M.R.C.S., L.R.C.P. in 1917, and took the F.R.C.S. in 1919.

He has been Senior Demonstrator of Anatomy at St. Thomas's Hospital, and for a time was Principal Medical Officer at Sarawak, Borneo, on returning from which appointment he was again elected Senior Demonstrator of Anatomy at St. Thomas's Hospital.

His publications include the following papers: "Series of Ancient Eskimo Skulls," *Journal of the Anthropological Institute*, 1921; "Pacchionian Bodies," *Journal of Anatomy*, 1921.

* * *

The Hospital has, this month, lost through death one of its Consulting Surgeons—Mr. William Harrison Cripps. His passing will be lamented by many who received help at his hands. An appreciation of him appears on another page. Dr. Adolphe Abrahams writes to remind us that one of the most famous of the "Chronicles of Christopher" in *Round the Fountain*—the one dealing with conversations in the operating theatre—was inspired by him.

* * *

We are glad to notice the growing habit of making donations to the Medical College Endowment Fund, either for such general use as the authorities may find necessary, or earmarked for some special purpose. Every single gift is acceptable, and donors may be sure that

their money will be wisely used to meet the ever-increasing needs of our growing College. The following gifts must be gratefully acknowledged :

Mr. J. Bradbury, in memory of his son, J. F. Bradbury, 48 guineas.

Mrs. Arnold Chaplin, £31 10s. (for the Surgical Professorial Unit).

Sir Joseph Verco, £105.

Dr. Lewis E. Glover, £100.

Mr. R. G. Cross, £52 10s. (for the Surgical Professorial Unit).

Mr. O. H. Haslam, £5 5s.

* * *

Sir Humphry D. Rolleston, K.C.B., has been appointed a Physician-in-Ordinary to the King.

* * *

We publish in this issue an interesting article on medical assurance, and we advise those (and they should be many) who take out assurance policies diligently to study our advertisement columns in selecting the society with which they deal. There can be no question that all young doctors—and especially all young married doctors—should be adequately insured. Unfortunately the average young man commencing practice finds himself—when the practice is bought and the house furnished and the instruments paid for—in a somewhat precarious financial position, and the difficulty of finding money for adequate insurance is to many men a real one. The moral seems to be to begin assurance young.

* * *

This question of finance brings to our mind an unmitigated nuisance. No sooner is the name of a newly qualified man on the pass-list than he is besieged by a host of invitations from philanthropists who desire to lend him money, apparently at such trifling interest that it is hardly worth discussing and on no security. Often the paper heading bears a good old-fashioned English name, a sound, respectable, honest, generous sort of name, and beneath it in the tiniest letters (we suppose to comply with legal requirements), "late so-and-so,"—the "so-and-so"—smacking horribly of the tents of Israel.

* * *

We are glad to see that the first block of the new Nurses' Home is now occupied. This must be a matter of heartiest congratulation to all those concerned with the building scheme. The new home is a great advance on the old accommodation. The rooms are small, but adequate, and in each is a sensible supply of cupboards and drawers—a much appreciated advance on the old Home, where there was little space "for one's 'things.'" We understand that there is to be a formal opening at some future date. In the meantime the Home is completely filled, and soon an extension to the block is to be commenced.

OBITUARIES.

WILLIAM HARRISON CRIPPS, F.R.C.S.



WE deeply regret to record the death of one of the Consulting Surgeons to the Hospital, William Harrison Cripps, F.R.C.S. Mr. Harrison Cripps was born on January 15th, 1850, the second son of Henry William Cripps, Q.C., sometime Recorder of Lichfield, and Julia, the eldest daughter of Charles Lawrence. The family of Cripps had long been settled in Gloucestershire, where some members had practised in surgery at Cirencester in partnership with the Lawrences. It may have been through the Lawrence strain that Cripps inherited his ready and caustic wit.

He received his medical education at St. Bartholomew's Hospital, and qualified with the M.R.C.S.(Eng.) diploma in 1872. He immediately became a house-surgeon and the Demonstrator of Anatomy. He was appointed Surgical Registrar in 1879, and was elected Assistant Surgeon in March, 1882. In 1892 he was appointed Surgeon to the Women's Wards, and then began his happy association with Sir Francis Champneys, under whose care they were. In January, 1902, on the resignation of Alfred Willett he became a full Surgeon to the Hospital. From 1880 to 1890 he served as Surgeon to the Great Northern Hospital and the Royal Free Hospital.

One of his first considerable successes was the winning of the Jacksonian Prize of the Royal College of Surgeons of England in 1876. His essay was the subject of "Carcinoma of the Rectum: Its Cure by Excision." He was at that time well before his time in his advocacy of the operation of inguinal colostomy, both as a palliative measure and as a preliminary to the extensive perineal and trans-sacral excisions. He was elected to the Council of the Royal College of Surgeons in 1909, served as a member until 1920, and was Vice-President for the years 1918 and 1919. He served on the Finance Committee, in which office his remarkable business acumen was of the greatest service; he was also a representative of the College on the Executive Committee of the Imperial Cancer Research Fund.

Among his better known writings are *Ovariectomy and Abdominal Surgery*, published in 1898; *Cancer of the Rectum: the Possibility of Extirpation*, the fifth edition of which appeared in 1913; and *Diseases of the Rectum and Anus*, fourth edition, 1913. At the Annual Meeting of the British Medical Association at Liverpool in 1912 he opened the discussion on the surgical treatment of rectal cancer. In view of the present-day teaching of the value of temporary cæcostomy in some cases of obstruction, an article of his entitled "Temporary Typhlotomy for Intestinal

Obstruction," published in the *British Medical Journal* in 1893, is especially interesting.

As a surgeon Cripps developed a beautiful simplicity in his technique. He knew precisely what he wanted to do, and did it gently, quietly and unhurriedly. In the face of emergency he was prompt, efficient and courageous. He worked in the days when it was the custom for the Physician-Accoucheur to the Hospital to call in a surgeon to do abdominal operations, save in case of Cæsarean section. This work always specially interested Cripps, and there grew up in this somewhat anomalous position a warm friendship between himself and Sir Francis Champneys.

His wit and humour, which survived to the last, will always be remembered by those who knew him. Beneath a cynical exterior lay a great and tender-hearted personality. There was one side of him known to very few—his care for his poorer patients. It was his wont to follow their futures on their discharge from the Hospital and to help those in financial need.

A somewhat remarkable trait was his keen business sense. He early acquired an interest in the Metropolitan Electric Supply Company, and when that body sold a part of its interest to the Borough Council of St. Marylebone, Cripps remained Chairman of the original undertaking.

He was a keen sportsman, being particularly fond of fishing. He filled Abbotsford, which for a time he leased, and Glendarnel, Argyllshire, with guests whom he entertained generously and well.

Cripps married, first, Blanche, daughter of Richard Potter, of Standish House, Gloucestershire; she died in 1905, leaving him with four sons and two daughters; and secondly, Giulia, younger daughter of Colonel Michell Ravogli, of Rome, well known before her marriage for her sympathetic impersonation in Gluck's opera of *Orfeo*.

Cripps was a sound and progressive surgeon, a keen and successful business man, a generous and warm-hearted friend, and a good sportsman. *Requiescat in pace.*

DR. P. W. LATHAM.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—It is with great regret that I have heard of the death of Dr. P. W. Latham. He had been my friend for about 30 years. I remember him when I first started in practice, he was then in great demand as a consultant in Cambridge and for many miles around. One of his characteristics was great vigour; in his student days it was said of him that he could read eight hours at a stretch and not feel tired; another was his unfailing cheerfulness and geniality. I shall chiefly remember him for his courage in

advocating continuous counter-irritation in the treatment of rheumatoid arthritis. More courage is needed to revive an old remedy that has more or less fallen into disuse and bad repute than to institute something comparatively new. I was present at the meeting of the Cambridge Medical Society when he read his first paper on the subject. He walked into the room with his fine head erect, and his eyes sparkling, thus indicating to me that he had something good to tell us. When he had finished his paper I felt quite inspired. I said to myself, "At last, here is a real remedy for chronic rheumatism," and I there and then determined to give it a thorough trial. I was, however, almost alone in my appreciation; nearly all the other members present decried the procedure and talked freely of other remedies. Owing to his advanced age and other interests he did not himself carry out this treatment very extensively, but he gave me every encouragement, and, subsequently, also my friend Dr. S. Gurney Champion.

Dr. Latham, however, preferred to be remembered rather as one who had made a valuable contribution to the study of digestion than one who had been responsible for a highly efficacious and beneficent remedy—*Bio-Chemical Journal*, 1908, "Albumin: Its Complete Hydrolytic Decomposition and its Synthesis." In this respect he shared the tendency of the majority of medical men to be rather ashamed of being identified with some method of treatment. It has always been a matter of real sorrow to me that this great remedy has been so coldly received by the medical profession at large, but I hope that even yet it will become firmly established as an orthodox and widely-used method for the relief of a class of sufferers who, for the most part, are left to their fate to endure their miseries as best they can, with an occasional palliative, chiefly designed to relieve pain.

If so the best of all memorials will be erected to his memory:

"What higher aim can man attain
Than conquest over human pain?"

One day, as he and I were leaving a disgruntled patient's house, I said it was difficult to satisfy everybody. He said, "You will find that all along the line; if you do not cure them quickly they think you do not know your work."

I am, Dear Sir,
Yours faithfully,
WM. J. MIDELTON.

112, Charminster Road,
Bournemouth;
November 16th, 1923.

ANAL FISSURE.

By RODNEY MAINGOT, F.R.C.S.,

Chief Assistant to a Surgical Unit, St. Bartholomew's Hospital;
Surgical Registrar, West London Hospital.

AN anal fissure is a crack, abrasion, or ulcer, situated at the anal margin, at the lower end of which is usually a tag or fold of skin—the "sentinel pile."

Fissure is one of the commonest of rectal troubles, and is, without doubt, one of the most painful.

The pain in these cases is out of all proportion to the lesion, which is, as a rule, minute in size.

The condition is commoner in the male; and may be found in any part of the anal margin.

In over 90 per cent. of patients the fissure is *single*, and is situated *posteriorly* in the middle line.

It is very rare indeed to see a lateral or anterior fissure *in ano* in a male subject.

Occasionally multiple fissures are encountered, but they are usually of infective origin—frequently of syphilitic nature and associated with condylomata.

Two types of fissure are described—(a) the acute, and (b) the chronic.

The *acute fissure*, which is of recent origin, is quite small, and represented as a minute tear in the mucous membrane of the anal margin. It is associated with severe and excruciating pain on and after defæcation.

The pain very often renders the patient's life miserable, and interferes with his usual work.

In (b), the *chronic variety*, the condition has been present for some time, and the fissure is often seen as a fairly large ulcer with indurated and elevated edges. The base of the ulcer is sometimes formed by the fibres of the external sphincter muscle, which is frequently hypertrophied and taut. At the superior and inferior angles of the fissure polypoid growths or œdematous tags are often present, and owe their origin to lymphatic obstruction following on the inflammatory process in the base of the fissure. This distal tag or nodule is called the "sentinel pile."

The causation of fissure in ano.—Fissure of the anus is produced in most cases by *trauma*, such as stretching of the anus during the passage of a constipated motion, a laceration from a fish-bone or foreign body in the fæces, or during careless cleaning of the parts with hard paper.

Multiple fissures, as stated before, are often of inflammatory origin; some are tuberculous, syphilitic, or "pyogenic" in nature.

It is said that a fissure results from the tearing down of one of the valves of Morgagni during defæcation. These

anal valves or pouches or valves of Morgagni are situated in the anal canal at the muco-cutaneous junction, and are supported by the tissues that constitute the pecten and the external sphincter muscle.

Ernest Miles describes a "pecten band"—the fibrous ring produced in this region—which is frequently well developed in cases of internal hæmorrhoids. This "pecten band" is not peculiar to piles, as it is found in many ano-rectal diseases associated with venous congestion of the parts.

Tearing down of an anal valve during defæcation may account for *some* cases of fissure, but does not apply to the majority, as very often the valves, on examination, are found to be quite intact. Lockhart Mummery's explanation is this: "It has always seemed to me that the true explanation of traumatic fissure *in ano* is to be found in the structure of the external sphincter. This muscle is not, as has often been supposed, a circular muscle, but consists of a band of muscle-fibres arising from the coccyx, which passes forward and splits to surround the anus; in front it is partly inserted into the perinæal point and partly continuous with the opposite side. The external sphincter muscle is therefore not really a circular muscle, but consists of two lateral halves. In front these halves are almost continuous, but posteriorly the fibres do not join end to end with those of the other side, but are for the most part placed parallel to each other. From the arrangement of the fibres of the external sphincter, it will be seen that the mucous membrane and skin of the anal canal are best supported at the sides, and least supported at the posterior commissure, the next weakest place being the anterior commissure. In women, owing to the presence of the vagina, the anterior commissure receives less support than is the case in men. The levator ani muscle also assists in supporting the sides of the anus, as the muscle passes on each side to be inserted into the coccyx and sides of the rectum.

"It is clear, then, that the weakest point of the anal orifice to any uniform stretching is at the posterior commissure, since here the fibres supporting it are not parallel to the bowel wall.

"The theory that a fissure results from a tear of the mucous membrane occurring at the point which has least support also accounts for the extreme rarity of multiple fissures. There cannot be more than one weakest point, and one would not expect the mucous membrane to give way at more than one point. If the sphincter ani is forcibly stretched in the cadaver, it will be found that tearing always occurs posteriorly."

Pruritus ani and fistula *in ano* are the chief complications of anal fissure.

Symptoms.—The chief symptom of a fissure is *pain*, and this may be local, reflex or referred.

The *local pain* comes on immediately after defæcation, but it may be postponed for a quarter to half an hour, or even later in some cases. It is of extreme severity, especially in the acute type of case already described.

The pain lasts an hour or more, and it is not uncommon to find it enduring for a day or two. Owing to the agonising nature of the pain produced when the bowels are opened the patient is afraid to go to stool, with the result that he becomes constipated, and the original ordeal is reproduced when his bowels are induced to act again.

The severity of the pain is emphasised by some patients, who affirm that during "the attacks" they are neither able to sleep nor follow their usual work.

In fissures of long standing, *i. e.* the chronic variety, the intensity of the pain varies considerably.

A chronic fissure is a chronic ulcer with a granular base. Therefore in these cases the pain is not so intense as in a recent crack, in which sensitive nerves are exposed and lie unprotected by fibrous tissue and chronic inflammatory exudates.

There is, as a rule, very little bleeding in these cases; at the most the fæces are "streaked" with blood.

The *reflex* and *referred* symptoms which may be associated with fissure *in ano* are grouped as follows:

- (1) Incontinence, or frequency of micturition;
- (2) Dysmenorrhœa, vaginismus, etc.;
- (3) Sacral ache; and
- (4) Sciatic pain.

Examination of a case of anal fissure.—It is important to realise that patients suffering from rectal complaints frequently give unconvincing and unsatisfactory histories. In well over 50 per cent. of cases a diagnosis made on the history alone will prove erroneous. When "taking a history," make it a rule to inquire systematically into the following: (a) *Pain*—note position, intensity, duration, and relation to defæcation; (b) *the condition of the bowels*, constipation, diarrhœa, or alternating diarrhœa and constipation; (c) *blood*—amount, colour, etc.; (d) *slime*; (e) *prolapse*; and (f) *loss of weight*.

The utmost gentleness is required when examining a patient suffering from a fissure *in ano*, as severe pain is set up by the least attempt to handle the parts. The left lateral semi-prone position is the best for this examination. The buttocks should be gently separated to enable one to see the anal margin, and the lower half of the fissure will, in most cases, be identified. It is necessary to make a rectal examination to ascertain the condition of the ulcer and of the gut above the lesion, but, before attempting to do so, it is best to render the parts anæsthetic by insufflating some *anæsthesin* powder on to the surface of the fissure and the areas around.

A rectal examination will also be tolerated when a

4 per cent. novocaine or kerocaine solution has been painted on the ulcer, but it is not so satisfactory as the powder. After the digital exploration it is advisable to introduce a small anal speculum and fully to inspect the fissure and surrounding parts.

In some cases, however, the examination should be conducted under a general anæsthetic, and any lesion then found should be dealt with on radical lines.

Treatment.—There are a certain number of cases of anal fissure which can be cured without an operation. It may be said that the acute fissures and fissures situated anteriorly and laterally can be cured by palliative measures, whilst chronic fissures with hard edges and granular bases should be submitted to operation.

Fissures complicated by hypertrophy of the external sphincter muscle or associated with internal or external hæmorrhoids or fistulæ demand operation. Excision of a fissure that is resistant to palliative measures, or one that has existed over six months, is also advised.

Non-operative treatment.—Some acute fissures heal quite readily under simple palliative measures, such as regulation of the bowels and local applications to the seat of trouble.

In order to render the stools soft and unirritating, liquid paraffin in doses of $\frac{1}{2}$ to 1 oz. once or twice a day should be given. Should the patient object to the paraffin or one of the petroleum preparations, a rectal injection of warm olive oil (5 oz.) should be given every morning. Small doses of cascara, senna or mag. sulph. should be taken occasionally, and an "Alophen" pill at bedtime.

The following applications are used for two reasons: (1) To relieve the spasm and pain after the bowels have been opened, and (2) assist the ulcer in healing rapidly. The ointment should be introduced into the rectum.

(A) *Ung. bism. et cocainæ:*

R Bism. subnit. . . . gr. cxx
Cocaine hydrochlorate . . . gr. viij
Lanoline 3j
M. f. ung.

(B) *Ung. hydrarg. subchlor. co.:*

R Hydrarg. subchlor. . . . gr. xxxij
Pulv. opii co. . . . gr. xvj
Extr. belladon. . . . gr. xvj
Vaseline 3j
M. f. ung.

The direct application of *fuming nitric acid* or *pure silver nitrate* to the fissure through an anal speculum should be tried in some cases. The caustics have to be applied *daily*, and the treatment will have to be persevered with sometimes over a period of weeks before healing obtains.

Operations for fissure of anus.—(1) Incision under (a)

general anæsthetic, and (b) local anæsthetic; and (2) excision and primary suture under (a) or (b).

In the *incision operation* the patient is prepared in the same way as for a case of internal hæmorrhoids, and is placed in the lithotomy position. The rectum is then washed out with a weak solution of lysol (5j to the pint), the fissure painted with a little pure carbolic acid, and the skin of the perinæum is washed with 1:1000 biniodide of mercury solution.

The index fingers are now inserted into the rectum, and the external sphincter muscle is *gently* stretched so that the fissure should be fully exposed. The fissure is then incised in a vertical direction, starting a little above its superior point, and carrying the incision downwards so that at least two-thirds of the incision is below the inferior point of the fissure. The two flaps thus produced are picked up with dissecting forceps and undermined laterally for a little distance, and then cut away with scissors. The base of the fissure is next scraped with a Volkmann's spoon so as to remove any granulation-tissue. One's aim should be, not to leave a slit-like wound, but rather a flat, open, oval wound, two-thirds of which should be on the skin outside the anus and only one-third within the bowel. The object of this large wound is to provide adequate drainage.

It is found that the peri-anal skin heals much more rapidly than the mucous membrane of the anal canal; therefore, in order to ensure co-ordinate regeneration of the parts after operation the above method is employed. The incisions are made too small as a rule, so it is important to note that unless that part of the incision which lies in the skin is *considerably* larger than the anal portion of the wound, drainage will become ineffective during the latter part of the healing stage, which may easily result in the fissure failing to heal entirely.

Division of the external sphincter muscle is not recommended, as it is never necessary; nor "divulsion," as the results are so uncertain.

Some of the superficial fibres of the muscle, however, may be severed with advantage in those cases in which the fissure is very large and very chronic.

It is still taught that this muscle should be *completely* divided in the middle line posteriorly, as this procedure ensures complete rest to the parts and enables the fissure to heal. If, however, efficient drainage is established on the lines recommended, it is never necessary to sever this muscle. There are no bleeding points, as a rule, to tie; should there be any, however, it is sufficient to "crush" them.

The best dressing to apply to the wound itself is cotton-wool soaked in liquid lanoline. The usual dressings and T-shaped bandage are then applied.

This operation can also be performed *under a local*

anæsthetic by infiltrating the fissure and area around with 5-10 c.c. of 4 per cent. kerocaine or novocaine solution. It is also advisable to paralyse temporarily the external sphincter muscle by injecting into its mid-lateral points 5 c.c. of the same solution. This procedure will render the anal canal patulous, and full exposure of the fissure will be easily obtained.

The operation of *excision and primary suture of anal fissure* is not recommended owing to the uncertainty of its final results. The advantage claimed for this operation is that healing is rapid. If all the cases could be induced by this method to heal by first intention it would be the operation of choice, but unfortunately more than 50 per cent. of them suppurate, or "pocket with pus," and thereby demand further surgical treatment.

Post-operative treatment.—The bowels should be kept constipated for three days by giving the patient 1 oz. of the following mixture three times a day:

R Tinct. opii.	. . . . .	℥ x
Spt. chlorof.	. . . . .	℥ xv
Ammon. acetate sol.	. . . . .	℥ xxx
Tinct. catechu	. . . . .	℥ xxx
Tinct. cardam. co.	. . . . .	3 j
Aq. cinnamomi @	. . . . .	3 j

M. f. kaustus.

After the third day the bowels should be kept acting *daily* by some mild aperient.

Liquid paraffin is also administered daily, commencing from the second day after the operation.

It is not advisable to dress the wound during the first twenty-four hours.

On the morning of the second day the patient should sit in a hip-bath and soak the parts, and then the wound should be dressed with a piece of cotton-wool soaked in sterile olive oil, vaseline or lanoline. The wound is now dressed twice a day, and immediately after defæcation, until it is quite healed.

FLEET STREET WEEK FOR "BART'S."



UNDER the very able leadership of Mr. Matthew Blythe, Fleet Street has once again organised and carried out a brilliant "Week" in aid of the funds of this Hospital. While it is impossible, at the moment, to give the total amount of money which the "Week" has produced, enough is already known to state that it far exceeds that of the previous effort.

Although but a few months previously the students of this Hospital had been concerned with and had spent a lot of time over the never-to-be-forgotten "Bartholomew Fair," yet with characteristic energy they set to and helped Fleet Street with all the resources at their command.

They helped to make the Mansion House Bazaar "go"—they actually appeared on the stage as a beauty chorus in the Co-Optimists' Matinee; they helped with the Boxing and the Concert, and, of course, they ran as usual the Students' Flag Day. Easily the two most successful events in the "Week" were the Boxing at the Stadium Club and the Flag Day. These were almost entirely organised by the Students' Union, under the direction of Mr. W. Holdsworth and Mr. E. S. Vergette, and in the case of the boxing, Sir Ernest Flower, of "Celebration" fame, gave much help, support and encouragement.

On Flag Day the students employed all their usual methods of collecting money, and from an early hour the City was once more invaded by white-coated enthusiasts, who never let the weather damp their ardour in the smallest degree.

While it is not possible to describe in any detail all that went on, one would like to mention a few of the "stunts" that produced money and excitement. There was Mr. W. Pickup-Greenwood's party with their "monster"—a really creditable production, and one on which the organisers and perpetrators are to be congratulated. Then there was Mr. Young's Jazz Band on a lorry, Mr. Church's fancy-dress party, Mr. Webster's "spinal carriage," and—if we may once more mention him in connection with barrel-organs—Mr. J. Elgood. Mr. Elgood probably raised his voice in a heartier stave than before, if it were possible—at any rate he tried hard! And while on the subject of voices, let us not forget Mr. C. H. Wight. What became of the ham which he and Mr. F. Greenwood so successfully raffled we do not know. All we know is that much money was forthcoming from this raffle, and that, exhausted after his tremendous efforts, Mr. Wight sought his bed early, and slept the calm, undisturbed sleep of those who know that their duty is done.

Space will not permit of the mention of further individual efforts, but thanks should be offered to all who helped to make the "Week" a success; and particularly are the students to be congratulated on the way in which they carried out what is, after all, a privileged duty to those who have at heart the interests of their *Alma Mater*.

INSURANCE FOR MEDICAL PRACTITIONERS.

PERHAPS there is no class in the community to whom insurance is more important than medical practitioners. Even before qualification insurance is valuable; after qualification it may be said to be essential.

Insurance naturally falls under no less than five heads so far as the medical profession is concerned: life insur-

ance, accident insurance, insurance against illness, insurance against malpraxis, claims, slander, etc., by patients, and motor insurance.

Life insurance.—Generally speaking all practitioners should take out a life policy, and the younger this is done the better. A life policy is good, particularly an endowment policy, in that it ensures a systematic saving on which income-tax need not be paid, is a provision for widow in case of marriage and early death, is a certainty of a lump sum, say, at the age of 50, it can be used as an aid to house purchase, or a loan at any time can be raised on it in case of an emergency.

Accident insurance.—Accidents will happen, and they happen to medicals as often if not more often than to others. There are the numerous motor and other vehicle accidents, accidents arising out of actual professional work, particularly infection of fingers and the like.

Insurance against sickness.—When a medical practitioner falls ill it means his practice has to be neglected or a *locum* has to be put in. In the first contingency there is full loss, in the second there is the fee and incidental diminution in practice receipts. If the illness is prolonged the loss becomes really serious. Every practitioner should insure for at least the amount per week he would have to pay for his *locum*.

Insurance against malpraxis claims, actions for slander, etc., is not to be lost sight of, for a practitioner never knows when a patient may turn against him. The premium for a policy of this kind is not heavy, but the security is very great.

Insurance of the professional motor, the driver and third party risk is again really essential, for the number of motor accidents is likely to increase steadily. It is well that such insurance should cover a reasonable cost for the hire of a car whilst the owner's car is undergoing repair.

When the total amount required for premiums for all these insurances is estimated it may appear to be large, and in the initial years of practice may be somewhat of a strain on the practitioner's resources.

An example may be tabulated thus. A healthy male practitioner of 25 years of age:

	Amount of yearly premiums. £ s. d.
1. Life insurance policy for £500 payable at age of 50	16 17 6
2. Accident and sickness policy to bring in £6 6s. per week of total disablement	10 0 0
3. Medical defence insurance	1 0 0
4. Insurance for car worth £500	15 15 0
Total	£43 12 6

DIALOGUE.

By γ.

1. *The Patient and the Doctor.*

"PLEASE, Doctor, the dispenser says shall he put the medicine into two bottles?"

"What does he want to do that for?"

"Oh sir, I asked how to get the medicine home safely."

"But what's the difficulty in getting the medicine home?"

"The first time I had the medicine the cork suddenly blew out of the bottle and I lost half the medicine in my pocket. The next time I did not put the cork in, and I fell over on my way home and lost all the medicine. But it's good medicine."

The prescription:

Bismuth salicylate	.	.	.	gr. xv
Pot. bicarb.	.	.	.	gr. xv
Acid HCN dil.	.	.	.	℥ij
Aqua chloroformi ad	.	.	.	℥j

2. *The Two Doctors.*

"Look here, this patient says that the cork is blown out of the bottle. Can you see why? It can't be the prussic acid."

"No, I can't, and that medicine is very much prescribed."

"Well, I'll ask the dispenser, and meanwhile I'll take out the pot. bicarb."

3. *The Doctor and the Dispenser.*

"I say, can you tell me why gas comes off from this medicine?"

"Oh, that comes from the interaction of the bismuth oxy-salicylate and the bicarbonate. The bismuth is insoluble in water but slowly hydrolyses into salicylic acid, and that acts on the bicarbonate and liberates carbon dioxide, leaving a basic carbonate of bismuth and potassium salicylate. When it is ordered for an in-patient, we boil the mixture so as to get off all the gas before the bottle is corked, but we cannot do this for out-patients, and so we advise them not to put the corks in until they get home."

"But if you boil the bismuth salicylate and bicarbonate together so as to get off all the carbon dioxide you are destroying all the value of the bicarbonate."

"Yes, that's true, but even if it is ordered we can't have the medicine bottles blowing up in the wards as the

sisters don't like it, and we just get over the difficulty in that way."

Moral.—If you want your patients to have bismuth salicylate, only order it in the dry state.

AS THEY ARE SEEN.

["Essentially the surgeon is a dogmatist and the physician a septic."—*St. Bartholomew's Hospital Journal*, October, 1923.]

I had described the lump. I had even ventured on a diagnosis. "How would you treat this case?" asked the examiner. I hesitated. But he was not watching me. With hungry eyes he devoured the patient's abdomen. His fingers itched convulsively. "I should operate, sir," said I, with an air of finality. "Good," ejaculated the examiner, and wrote down 20 on the sheet of paper in his hand. I perspired happily. "And what incision would you make?" Again I hesitated. But here he would brook no delay. "Median or para-median?" His right hand was travelling up and down his waistcoat buttons, but the waistcoat was not on straight, and I was uncertain. "Para-median," said I, at length. The examiner shrugged his shoulders. I knew that all was lost. "Personally I prefer the mid-line," he remarked easily, and crossed off the 20 on the little sheet of paper. Then the bell rang.


* * *

"Well?" queried the examiner, and looked tolerantly at me through spectacles. "A systolic murmur at the aortic base," I ventured with some confidence. (Had I not heard it with a stethoscope borrowed from a house-physician?) "Would you be confident that it is produced by the aortic valves?" "No," said I stoutly. The examiner nodded approvingly. "Go on," said he. I told him four other possibilities, and together we scoffed at the theories regarding each. "How could you be sure the valve was stenosed?" he wound up. "Only by seeing the heart, opening it, and failing to get more than one finger-tip through the orifice." This was child's play, once you got the idea. "Yes," said the great man, writing down 25 on the back of an envelope which he carried, "and then I suppose it might have contracted post-mortem, or," he added hopefully, "you might have a very big finger. . . . What do you make of that X-ray?"

Here, at last, I was safe indeed! I held it to the light. "Nothing," I remarked cheerfully, handing it back. "No more do I," was the approving comment. I looked exultantly for another question, but the examiner was adding two 25's together, and seemed incredulous at finding they came to 50.

W.

A TRUE TALE.

E have the greatest pleasure in presenting to our readers the following unique narrative, which is, we believe, without parallel in the history of this (or any other) hospital. So remarkable is it, indeed, that had we not heard it direct from a most distinguished member of the Senior Staff, we might have doubted its authenticity.

It appears that this gentleman drove up to Bart.'s one day and left his car as usual outside Theatre C. It so happened that he was kept late at Hospital, and was not able to leave till after dark. As it was a cold night, he adopted his habitual practice of priming the cylinders to ensure an easy start. Unfortunately, however, his small petrol squirt had run dry, and as he had some ethereal tincture of valerian in his bag, he poured a few drops of this liquid through each compression tap. Our friend then closed down the bonnet, got into the car, and pushed the self-starter button. To his horror a shrill scream resounded through the silence, and the engine began to run BACKWARDS! Astounded by these phenomena, he at once got down and observed, to his further amazement, that a number of elongated bodies were issuing in a rapid stream from his exhaust pipe. On further examination, these structures seemed, both in appearance and odour, to be hot and smoking sausages! Even as he gazed awestruck, one megalosausage in describing the hyperbolic path favoured by swiftly-moving projectiles, descended on the roof of Theatre D with a resounding crash, inflicting a comminuted fracture on a pane of glass. With his intellect reeling, our hero once again opened the bonnet of his car to investigate. He found that one of the Hospital cats (having escaped from the Pharmacology Lab. or the Catering Co.) had apparently come under the chemiotactic attraction of the valerian and had inserted its nose into the main air intake of the carburetter. At this precise moment Mr. X had pressed the self-starter, the engine had immediately fired, and the resulting fierce suction in the inlet pipe had carried puss up into the engine, where her unwonted presence had given the internal economy such a jar that the camshaft had jammed and altered the timing to such an extent that the engine ran backwards. The imagination of our readers can be relied upon to supply the exact nature of the processes whereby sausages issued from the exhaust.

In the unlikely event of any of our readers being of the baser sort, and incredulous of this story, we would say to such—"Go to Theatre D"—(This door must be kept shut. No person may enter without galoshes)—"and look at the fourth pane of glass in the roof." Not only

is the stellate fracture visible, but a portion of inspissated sausage is still adherent.


The car was not a Ford.

We hope to continue month by month to relate similar little-known tales relating to the history of our *Alma mater*.

[*This veracious narrative has been received anonymously. Will the gifted scribe remember that we HATE anonymous communications.*—ED.]

SALV-HASSAN.

(With acknowledgments to the late James Elroy Flecker).

CENE: At the Gate of the Clinic, Golden Lane. Men's Day. Merchants, Grocers, Cab-drivers, Jews, all manner of people. By the barred gate stands the Porter with a key. Among the crowd of patients are four medical students, swinging their stethoscopes ostentatiously—a quite unnecessary precaution: they are sufficiently disreputable for their profession to be obvious.

THE MERCHANTS (*together, clamouring at the gate*):

Be swift, Dispenser of the Kharsivan,
Our spiro-sniff it and their tails are down.
Plussed three times over was our Wassermann.
Inject the Merchant-Princes of the Town!

THE CHIEF DRAPER:

We wear the crown of Venus, red as wine,
And scalps with Alopecia gleaming bright.
Have ulcers of serpiginous design
And pupils which will not react to light.

[*Enter the DISPENSER OF THE KHARSIVAN in a blue two seater car with the usual incorrigible cylinder misfiring.*
Aside: Good heavens! What a crew! We shan't get them all behind the screen.]

THE JEWS (*lifting their voices in chorus*):

Have we not I.O.U.'s, in varied styles,
Second-hand clothing only slightly worn,
Three golden balls to lure the poor Gentiles
Trying to put their microscopes in pawn.

THE MASTER OF THE KHARSIVAN:

But you are nothing but a lot of Jews.

PRINCIPAL JEW:

Yet even Jews have syph'lis and we pay.

THE MASTER OF THE KHARSIVAN:

And who are ye in soft hats, broken shoes,
Swinging your stethoscopes in shameless way?

FIRST MEDICO (*The keen student*):

We are the students, Master; we would know
Always a little more, and it may be

That as in years and knowledge both we grow,
For us the proud reward—L.R.C.P.

SECOND MEDICAL STUDENT (*He of the inquiring mind*):

But for an answer to one thing I crave:
Why are these pains endured by timid Man
For one brief hour of love? They must be brave
Who take the Golden Lane to Salvarsan.

[*Enter, hurriedly, two unregistered medical practitioners, who fear the disappearance of their lucrative practice.*]

THE CHIEF MERCHANT:

We gnaw the nail of hurry, Sir—inject!

FIRST QUACK:

Why crowd you to this scheming Charlatan?
O Foolish men, what cures do you expect?

THE MERCHANTS (*in chorus*):

We take the Golden Lane to Salvarsan.

SECOND QUACK:

Are not our Pills and Ointments in your homes?
Be sure thou jumpest not from out the Pan
Into the Fire. God hateth him who roams.

MERCHANTS: (*in chorus*):

We take the Golden Lane to Salvarsan.

THIRD MEDICAL STUDENT (*a sensuous, poetic soul*):

Sweet to come softly forth at high noon-day
And wander in the sun on Barbican,
Yet gaining knowledge as we take this way
Along the Golden Lane to Salvarsan.

FOURTH MEDICAL STUDENT (*of strong moral fibre*):

We did not come to dally in the sun.
What joy to see how frail a thing is man?
For lust of doing what should not be done,
They take the Golden Lane to Salvarsan.

THE MASTER OF THE KHARSIVAN, *suddenly realising that he has been listening to this astounding confabulation for five minutes, works his motor-horn vigorously.*

Open the gate. O Porter, thou art tight!

THE PORTER (*displaying a bottle*):

Ho, Sir, I open. But where is that man
Who could get drunk upon a beer so light.

THE MASTER OF THE KHARSIVAN *drives his car through the gate, followed by the whole crowd with the exception of the two Quacks, who stand disconsolate.*

THE CROWD (*with a shout*):

We take the Golden Lane to Salvarsan.

THE PORTER (*consoling the Quacks*):

What would ye, doctors? It was ever thus.
Lo, he has won; and you, Sirs, also ran.

THE QUACKS (*turning away bitterly*):

God give them Wassermann's for ever plus.

VOICES OF THE CROWD (*in the distance singing*):

We take the Golden Lane to Salvarsan.

[*Curtain.*]

DOUBLE ACROSTIC.



HIS is to that, as child unto its mother.

Forgetting that, you cannot learn the other.

1. Shouldered you arms in days when knights were
Bolder?

Then *this* you had or arms were minus shoulder.

2. This is the cry of honest men when puzzled.

"Idiopathic" say all fools unmuzzled.

3. Expert! you'll diagnose a cystic swelling.

Where is it found? Why, that I am not telling.

4. Ah! say the French—to every man his taste.

Taste this and to plain living you will haste.

5. This we all were and yet may be once more.

So thought Pythagoras in days of yore.

6. Herein lies power—both fearful and benign.

Herein lies death—for cells that are malign.

7. In doing this a maid-less bar you see.

But since you're wise, this must beheaded be.

A medical acrostic will be a feature of the JOURNAL for the next six months. A prize of a book will be awarded at the end of that time to the competitor sending the best solutions during the six months. Entries must reach the Editor by the 25th of each month under a *nom-de-plume*. The competitor's name should also be sent in a closed envelope.

NATIONAL UNION OF STUDENTS.

WINTER SPORT.

Is there a Faculty of Skiing in your University? If so, you had better avail yourself of this unique opportunity of becoming proficient in the Art and Science of Skiing, Skating, Tobogganning and Ice-Hockey. You can go either to Czechoslovakia or Norway (under the auspices of their respective National Students' Unions) for about one-quarter what it would cost you in Switzerland.

A. Czechoslovakia.

The party would leave London on Tuesday, January 1st, 1924, either from *Liverpool Street* at 8.30 p.m., or *Victoria* at 8.30 a.m., travelling across Germany to Prague, where you would arrive at the Wilson station at 4.5 p.m. There the party would be met, taken to hotels where accommodation will have been reserved, and the following day be shown something of the most interesting sights of Prague; they would have lunch at the Students' Union. In the afternoon the party will leave for Benecko in the Krkonose Mountains.

From the 9th to the 12th there will be winter sports of every kind. Whether you are a novice or an expert you will find just what you want. There will be skiing, skating, tobogganning and ice-hockey. One item will be a three-day ski excursion to the highest mountains in Bohemia, viz. the Snezka, 1605 metres.

There is no need to be a linguist, for experienced guides will be provided. Toboggans will be there and also everything for ice-hockey. Bring your own skates and skis, if you have them. If not, mention that you will want to hire them when you apply, and they will be there waiting for you. Please also state which particular sport you want to take part in. The party would be best split into two—(a) for ice-hockey and skating, and (b) for skiing and tobogganning. But this will depend on the applicants themselves.

The numbers are limited to 25, so if you want to go, let us know at once. You will be back in London by the 14th of January, but probably if you wanted to stay longer it could be arranged.

The cost of the stay will be £6; the journey costs about £4 single, so that £14 will cover it all.

B. Norway.

The Trondhjem students have invited 20 English students to be their guests for a week at their cottage in the snows.

The party would leave Newcastle about December 27th, and the voyage would be the only expense.

There will be a ball in Trondhjem, probably in the College, and plenty of good skiing, ending up with a long torchlight toboggan run.

As you know, Norway is the real home and first father of skiing, and life at this hut up in the mountains will be the real thing.

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CORRESPONDENCE.

KENYA MEDICAL SERVICE.

To the Editor, 'St. Bartholomew's Hospital Journal.'

SIR,—The fact that there are at the present time some vacancies in the Kenya Medical Service has impelled me to draw the attention of Bart.'s men to some of the attractions of a career in this part of the world. I am now the only representative of the Hospital in this service, and I cannot help thinking that such a state of affairs is absolutely wrong and should be remedied at the first available opportunity!

Kenya is probably one of the healthiest parts of the tropics, a very considerable portion of the country being over 4000 ft. above sea-level, and in consequence the bad effects of a tropical climate are very much diminished. Medical work in this, as in all other tropical countries, is extraordinarily interesting and varied, and most men have opportunities to pursue to a large extent that branch of medicine which is their natural bent. Tropical medicine has a vast number of avenues as yet entirely unexplored, and a man who possesses instincts for research has possibilities of becoming a second Ross or Manson.

I, personally, am in charge of a native reserve containing about a quarter of a million inhabitants, and am responsible for their health, as well as for that of the resident Government officials and of a small area in the neighbourhood occupied by European settlers. At my headquarters there is a native hospital, consisting of 100 to 150 beds, and where among other things a large amount of surgical work is carried on; recently, for instance, 101 operations were performed during the course of two months. This hospital taps the whole of the reserve through a number of small dispensaries in charge of native dressers scattered about the district, and the varied diseases, tropical and otherwise, which are admitted are a constant source of interest and material for investigation.

As regards the other side of life, there never need be any complaint of lack of recreation. All the usual games are obtainable in the larger centres of European population, and there are very few outstations which do not possess their own tennis courts. If other forms of sport are desired, Kenya is well known as a big game-hunter's paradise, and one's annual fortnight's local leave gives opportunities for indulging such tastes. Regarding social life, that is nothing if not cheery, and probably Kenya has more public school and 'varsity men per unit of European population than most other parts of the world.

Too long a letter on the subject would only defeat its own object, and I will say little more. Every man, of course, has his own tastes, but how general practice in England, with its long vista of drab years probably to be spent in the same house in the same town, doing the same work every day, with little time for recreation or for keeping one's medical knowledge up-to-date, can be compared with twenty years of strenuous, free, open-air life in the warm sun, with ever-varying conditions of work, with sufficient recreation and with study and ordinary leave at home, to be followed by retirement on a pension while still young, with resulting opportunities to follow very largely whatever form of life or work one feels drawn towards, completely defeats me!

I am, etc.,

C. VINEY BRAIMBRIDGE.

Kakamega,
North Kavirondo,
Kenya;
September 10th, 1923.

"RAGGING."

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—As a reader of the ST. BARTHOLOMEW'S HOSPITAL JOURNAL, though not a member of the Hospital, I was interested and surprised to see that "Slops," in the letter he contributed to last month's issue of the said Journal, placed spelling-bees amongst other suitable revels for students. It is strange he should have chosen a pastime so singularly ill-suited to his own talents, of which doubtless he otherwise has more than the normal allowance.

However, I feel many will support him in his selection of this particular revel, as it might stimulate a better sense of orthography in certain members of the Hospital who write for publication. I shall therefore be grateful to you for space to signify my approval of this one suggestion of "Slops."

Yours faithfully,

"SOLIDS."

THE UNITED HOSPITALS WINTER SPORTS CLUB.

To the Editor, 'St. Bartholomew's Hospital Journal.'

SIR,—I trust that you will assist me to bring The United Hospitals Winter Sports Club to the notice of your readers.

The Club was founded to encourage Winter Sports amongst Past and Present Students of all recognised Medical Schools in the United Kingdom.

As the Grand Hotel, Griesalp, Bernese Oberland, was considered a success last season, it has been decided to make this the Club Hotel for 1923-24.

Our President, Lord Dawson, has very kindly consented to give a trophy for a ski-race to be held at Griesalp between January 6th and January 13th.

All particulars can be obtained from the Manager of the above hotel.

Yours sincerely,

Oldfield Lodge,
Maidenhead;
Oct. 22nd, 1923.

J. DUNCAN LYLE,
Hon. Sec.

PRACTICAL MEDICINE AND SURGERY CLASSES DURING THE SUMMER.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—May I encroach on your valuable space to protest against the discontinuation of the Practical Medicine and Surgery Classes during the three summer months?

When one considers that the majority of students sit for their Finals in October, the special need for revision classes during the three months preceding that examination is obvious.

It may be said that the staff require a rest, and I should be the first to admit that they deserve one, but they do not all go away at the same time. The only alternative to these classes is private coaching, which is beyond the purse of many of us, and, when taken for the Conjoint Finals, is an insult to the School curriculum, as these are the examinations for which it is designed to prepare us.

I may add that as the writer has succeeded in hoodwinking the examiners, "sour grapes" are not the cause of this letter.

Yours faithfully,

October 12th, 1923.

H. E. H.

"THE LOG OF THE ARK."

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—An unfortunate misapprehension has arisen which I am anxious to correct as quickly as possible. Owing to the fact that in the same number of the JOURNAL there appear a review of my book, *The Log of the Ark*, and a report of Mr. Vick's address to the Abernethian Society, in which he states that "the Hospital is called by some the Ark," a rumour has got about that my innocent excursion into fiction has taken the form of satire. This error has received still further support from your reviewer's remark that the author, in writing the book, "owes much to the Out-Patients' Department of St. Bartholomew's Hospital."

Let me hasten to dispel the illusion that has arisen. My lumbering Ark, with its cargo of incongruous animals, lost on the waters of the flood, does not represent in any way the progress of an ancient foundation and its staff through the waters of modernity. I have not been guilty of writing a satire or of raising an impious voice in the sacred Square of Rahere. *The Log of the Ark* is nothing but a simple story told for children and childish adults.

Apologising for encroaching on your valuable space.

I am,

86, HARLEY STREET, W. 1;
November 8th, 1923.

Yours faithfully,
KENNETH L. WALKER,

REVIEWS.

ABDOMINAL SURGERY FOR NURSES. By H. BURROWS, C.B.E., M.B., B.S., F.R.C.S. (London: Scientific Press, Ltd.) Second edition. Illustrated. Pp. 144. Price 4s. net.

It must always be a difficult point to decide how far the scientific education of nurses should go. A nurse in training should not be expected, after a hard day's physical work, to be compelled by the demands of examiners to spend her evenings doing the work of a young medical student. These thoughts are aroused by the attractive little volume before us. Mr. Burrows deals with abdominal

conditions demanding surgery in a lucid and easy fashion. But is it not too advanced? All the elementary points are given, and given well, but why burden a tired girl's mind with talk of acute dilatation of the stomach? How many cases of acute gastric dilatation has Mr. Burrows himself seen?

ACUTE ABDOMINAL DISEASES. By JOSEPH E. ADAMS, M.B., M.S., F.R.C.S. (London: Baillière, Tindall & Cox.) Demy 8vo. Pp. x + 558. Illustrated. Price 16s. net.

The first edition of this book appeared under the names of Adams and Cassidy, and was the result of experience gained during the tenure of the posts of Resident Assistant Surgeon and Resident Assistant Physician respectively at St. Thomas's Hospital. Now, owing to the interest of Dr. Cassidy in cardiological work and to the fact that acute abdominal disease is to-day almost always the perquisite of the surgeon, Mr. Adams remains the sole author.

This revised and partly re-written second edition is an admirable account of the main findings of modern abdominal work. No great detail is possible and none is attempted. But the chief symptoms and signs and the general line of treatment in the common abdominal conditions are plainly set forth. The surgery is conservative and sound. There are many points of practice in which one would differ from the author. We do not believe, for instance, that tuberculin does much good in tuberculous peritonitis—but such are matters of opinion. The book is lucidly written and is well produced.

HERNIA AND ITS RADICAL CURE. By J. HUTCHINSON, F.R.C.S. (London: Henry Frowde & Hodder & Stoughton.) Demy 8vo. Pp. xiii + 264. 52 Figures, 2 Plates. 12s. 6d. net.

Of the making of many books on hernia there appears to be no end. In this volume Mr. J. Hutchinson describes the various forms of hernia, and gives a practical account of the methods he has found most useful in their cure. He describes the subject with a great lucidity, and with detailed descriptions of operations which will be particularly useful to young surgeons. With regard to the origin of hernia he believes that all direct inguinal hernia, some indirect, and practically all umbilical and femoral hernia are acquired. For buried sutures he strongly recommends kangaroo tendon, which finally becomes fibrous tissue.

In the cure of inguinal hernia he advises an operation in which the inguinal canal is closed by drawing down the conjoined tendon to the inguinal ligament in front of the cord. In treating strangulated hernia in which resection is necessary, the author advises making a second incision and performing an end-to-end anastomosis away from the confined area of the original incision. The book is very readable, stimulating and well produced; our own teachers are frequently mentioned in it.

PRACTICAL ZOOLOGY FOR MEDICAL AND JUNIOR STUDENTS. By J. D. F. GILCHRIST, M.A., D.Sc., Ph.D., and C. VON BONDE, M.A. (Edinburgh: E. & S. Livingstone, 1922.) 15s. net.

This volume takes the form of an annotated laboratory drawing-book, and has been compiled by the teachers of zoology in the University of Cape Town more especially for the use of students in South Africa. In order to make the work of more general value the usual European types are also described.

The book contains detailed instructions for dissection as well as notes on the anatomy of these forms, while—in marked contrast with other works of this kind—it is provided with a large number of illustrations. These are for the most part original and have been drawn from actual preparations. While the numerous figures (105) are a great aid to understanding the descriptions, the wisdom of including them at all in such a work is perhaps open to question. It is clear that the authors realise the possibility of misuse, since they say in the Preface, "The figures are not to be copied by the student." We fear that, to the average student, the temptation will be almost irresistible when figure and blank drawing-page face one another, as they do in this book. Nevertheless both illustrations and letterpress may be welcomed as a useful addition to available text-books, especially since they deal with some less familiar types. The size of page (quarto) has, moreover, made it possible to print the annotations of the figures in full, and thus avoid vexatious references to a detailed explanation. This feature is to be highly commended, and it is regrettable that exigencies of space usually forbid its adoption. The glossy paper necessary for the reproduction of the diagrams is unfortunately by no means suitable for pencil drawings.

HODGKIN'S DISEASE. By ALLAN BENNETT, M.D.(Lond.), M.R.C.P. (Bristol: John Wright & Sons, Ltd.) Price 2s.

A little volume in which the author discusses with clearness and precision, very briefly, the clinical, histological and other features relating to this mysterious disease. The chapter on the aetiology is perhaps the most interesting, although by no means the most convincing. The author inclines to the hypothesis of many previous investigators that the tubercle bacillus of an abnormal type, in an individual with special peculiarities in his lymphoid tissue, is the most likely causal agent of the disease—an idea which he agrees it is easy to upset. One notices that in the discussion on the excitants of a lymphatic hyperplasia, the most powerful of them all, the filter-passing virus, has received scanty consideration. As regards treatment, X rays showed themselves to be slightly superior to arsenic in the few cases under personal observation. Most present-day workers will agree with the author that Hodgkin's disease is entitled to a place by itself. Altogether the 50 odd pages have been read through with considerable interest, although one cannot help feeling that the review of the matter in hand is rather unnecessarily incomplete.

C. C. T.

HOUSE APPOINTMENTS.

The following gentlemen have been nominated to House Appointments from November 1st, 1923:

Junior House-Physicians—

Dr. Morley Fletcher.
Dr. Drysdale.
Sir P. H.-S. Hartley.
Prof. F. R. Fraser.
Sir Thomas Horder, Bt.

R. Hunt Cooke.
N. E. Chadwick.
G. S. Morgan.
H. V. Morlock.
V. F. Farr.

Junior House-Surgeons—

Mr. H. J. Waring.
Mr. McAdam Eccles.
Mr. L. Bathe Rawling.
Prof. G. E. Gask.
Sir C. Gordon-Watson.

N. A. Jory.
N. L. Capener.
C. M. Pearce.
G. S. W. Evans.
A. J. C. Eland.
B. L. Jeaffreson.

Intern Midwifery Assistant (Resident)

H. Tothill.

Intern Midwifery Assistant (Non-Resident)

Extern Midwifery Assistant

C. O. S. B. Brooke.*

H.-S. to Throat Department

A. C. Visick

H.-S. to Ophthalmic Department

J. P. Hosford.

H.-S. to Orthopaedic Department

C. J. Donelan.

House-Physician to Venereal and Skin Department

G. L. Brocklehurst.†

E. B. Brooke.‡

* 3 months. † 3 months, November. ‡ 3 months, February.

All others 6 months.

ABERNETHIAN SOCIETY.

The Sessional Inaugural Address was delivered before a crowded meeting of the Society in the Medical and Surgical Theatre at 8.30 p.m. on Thursday, October 18th.

The addresses of both Sir D'Arcy Power and Mr. Vick have been published elsewhere, and those who were not fortunate enough to be present will be able to gather from them the cause of the tremendous ovation which both speakers received at the conclusion of their speeches.

In proposing the vote of thanks to the speakers, Mr. MITCHELL (representing the Abernethian Society) expressed himself as deeply in the speakers' debt for removing something of the feeling of ignorance which even a sixth-year student has on being asked quite simple questions as to the history and traditions of the Hospital. Mr. HOLDSWORTH (representing the Students' Union) seconded Mr. Mitchell. He congratulated the speakers and the Society on the great success of the evening, and made a telling reference to the rather vexed question of "ragging" which had recently been exercising the minds of most of his hearers;

A Clinical Evening was held on November 1st. Five cases were shown.

The first was shown by Mr. Rawlins. He considered the case was one of syphilitic periostitis of the tibia. The second case, shown by Mr. Howell, was one of wide-spread glandular enlargement. It was generally considered to be a case of Hodgkin's disease, and Mr. Howell undertook to demonstrate the microscopic slide of a gland at the next clinical evening.

The next case, shown by Mr. Bolton, was considered to be one of hæmorrhage into a glioma. The fourth case, one of morbus cordis, was shown by Mr. Wilson. The last case, one of a man with morbus cordis and very low blood-pressure, was shown by Mr. MacDougal.

A large proportion of the members present took part in the discussions.

On Thursday, November 15th, Dr. Graham addressed a crowded meeting of the Society on the subject of "Insulin."

Purposely dealing rather with the historical and experimental than with the clinical aspects of the drug, he reminded the meeting that not until Mehring and Minkowsky's discovery that excision of the pancreas in the case of a dog would cause symptoms of diabetes was Thomas Willis's observation that the urine of diabetic patients "tasted sweet like honey" improved upon.

At the end of last century Langerhans, when only 20 years old, demonstrated the existence of the islets which bear his name; and his work was carried further by Allen in Canada, who established the fact that ligature of the pancreatic ducts did not result in the destruction of the islets of Langerhans; that there were two species of cells, "α" and "β," in these islets; that the "β" cells were concerned with carbohydrate metabolism; and that starvation, by resting the pancreas as a whole, might enable damaged islets to function sufficiently to control carbohydrate metabolism.

Banting, another young man, is responsible for the latest and most important advance. His experiments proved that extracts of the islets obtained in a variety of ways, when injected into a de-pancreatised dog, caused a diminution or cessation of the symptoms of diabetes. Prof. McLeod was so impressed by this work that he placed a well-equipped laboratory and skilled assistance at Banting's disposal, and very interesting and important results have been obtained.

"Insulin" (originally so-named by Prof. Schafer) is now obtained pure as the hydrochloride by a process of fractional crystallisation. It was originally found that 10 mgrm. of the crude extract injected into a rabbit produced convulsions and hypoglycæmia; 1 mgrm. of the purified product (*i. e.* 3 "units"), however, is sufficient.

In man the symptoms of such a hypoglycæmia are, first, headache, lassitude, nausea, or even vomiting, and, in the cases of large overdoses of insulin, convulsive twitchings and unconsciousness. Mild symptoms may be met by giving a hot drink or the next meal due, and severer symptoms by the administration of barley-sugar, or intravenous injection of adrenalin or dextrose. Such symptoms come on from four to six hours after injection of insulin.

Even in coma, insulin has proved efficacious. The dose varies from 10 to 140 units, but these larger doses should be controlled by blood-sugar estimations. Such an effect has made it possible for precipitating causes of the coma to be investigated.

It yet remains to be proved whether insulin given in the early stage of diabetes can, by resting the "β" cells affected, bring about a restoration of their function. But it can at any rate so co-operate with or replace the effect of the damaged islets sufficiently as to diminish markedly or abolish the symptoms of diabetes mellitus.

In conclusion, Dr. Graham stressed the part young experimenters had played in the discovery of insulin, and urged his hearers to take full advantage of their present facilities for laboratory work.

NOTES ON APPARATUS.

THE Acoustique of 95, Wigmore Street, W. 1, are the manufacturers of apparatus for the use of the deaf. There are no less than 22 types of instrument, including a special stethoscope for the use of deaf doctors.

The principle is the one of magnification of sound. The instrument cannot cure deaf people; it can and will enable those partially deaf to make the utmost use of such hearing as they have left.

The apparatus is small and light; we heartily commend it to the notice of medical men.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. CAMBRIDGE UNIVERSITY.

Cambridge made their first appearance in London on October 24th, when they met St. Bart.'s Hospital at Winchmore Hill, and prevailed by a margin of a penalty goal and three tries to a penalty goal.

But they were fortunate. Beaten forward, they should have suffered a reverse, and they would have done so had the Bart.'s outsidies displayed any idea of combination. Parker, who really must be seriously considered for a Welsh "cap" this season—he is of Cardiff extraction—led the Hospital forwards as would a Wakefield. Well supported by Anderson, Row, and Beith—Reg. Bettington in these days is too slow—Parker gave his outsidies sufficient chances to win this and many other games.

But they failed, and failed badly, chiefly owing to two reasons—an inability to accept reasonable chances of advancement and the deplorable alignment of the three-quarters, who through this fact gave and accepted passes that had of necessity to be forward. It was fatal, and many promising movements were spoiled through this lamentable operation.

In Macmyn and Tucker they have two forwards who must in course of time represent their respective counties. And yet neither of this pair is a greater player than Scott, who played a devastating game in the loose, when Cambridge were fighting almost for their very existence.

The "Varsity" "threes": But where Cambridge may cause the discomfiture of Oxford is at three-quarter. The combination of Hamilton-Wickes and Gardiner will develop into a very great one before long. Powell, the fast-flying Clifton schoolboy—who jumps in the region of 23 feet long—is a certainty for the left wing: he is an I. J. Pitman with a greater knowledge of the game than has the Etonian, and if he can obtain a partner more energetic, more audacious than is Thomson (such a one as H. P. Jacob of Blackheath), he will be a great winger indeed.

Cambridge may be said to possess no chance at all against the might of Oxford. We have read already this ridiculous assertion, but the Cantab side that defeated Parker and his men in this game will develop into a combination that, while it may not emulate the deeds of Wakefield and his team of last season, will present many difficulties to their hereditary rivals.

The game may be briefly described. Douty gave the Cantabs the lead in the first half, Gaisford equals with a magnificent penalty goal, and then Bart.'s—quite undeservedly—were well beaten, Gardiner scored a glorious try for Cambridge, Francis dropped a magnificent penalty goal, and Hamilton-Wickes, from the first chance he received in the game, galloped across the Bart.'s line.

Final score: Bart.'s, 3 points; Cambridge University, 12 points.

Teams.—Bart.'s: W. F. Gaisford, *back*; M. Thomas, A. Macgregor, P. O. Davies, L. C. Neville, *three-quarters*; T. P. Williams, H. Macgregor, *halves*; W. C. Parker, A. W. L. Rowe, E. S. Vergette, M. L. Maley, A. B. Cooper, A. E. Beith, R. H. Bettington, H. G. Anderson, *forwards*.

Cambridge University: D. H. Rocyn-Jones, *back*; R. H. Hamilton-Wickes, F. A. Gardiner, A. G. B. Thomson, V. B. Powell, *three-quarters*; T. E. S. Francis, P. S. Douty, *halves*; D. J. Macmyn, W. E. Tucker, D. C. Cumming, D. C. Ryder, R. H. Lowry, F. Padmore, W. B. Scott, C. S. Barlow, *forwards*.

Referee: Mr. E. W. Calver.

ST. BARTHOLOMEW'S HOSPITAL v. R.M.A. (Woolwich).

At Woolwich on Saturday, October 27th, a keen and interesting game between the R.M.A. and St. Bartholomew's Hospital resulted in a win for the latter by 23 points to 16.

The visitors were always playing a stronger game than the Academy. Five minutes after the start P. O. Davies, from a line-out near the "25" line, went over between the posts, and Gaisford easily converted. Three minutes later Danby got over, and Harman added the extra points.

McGregor soon put the visitors ahead with a try wide out, Gaisford kicking a fine goal. Robertson scored another try, but Gaisford failed to convert. Just before the interval Harman replied with a try for the R.M.A., and Wilkinson was successful with the kick. Thomas and McGregor scored further tries after the interval for the Hospital, both being converted by Gaisford.

Stratton and Harman scored for the Academy, but Wilkinson failed with both kicks. Gaisford's kicking was a feature of the game.

Teams.—R.M.A.: R. P. De Winton, *back*; J. H. Stratton, R. H. A. Foster, C. R. Harman, C. C. Danby, *three-quarters*; D. M. B. Hunt, A. T. Edgington, *halves*; S. R. Osmond, D. E. Pantin, G. O. Sutherland, M. T. L. Wilkinson, R. H. M. Hill, G. C. Pope, D. R. Guinness, H. H. C. Withers, *forwards*.

Bart.'s: W. F. Gaisford, *back*; Melbourne Thomas, D. B. Cooper, P. O. Davies, J. B. Robertson, *three-quarters*; J. D. Games, H. McGregor, *halves*; R. H. Bettington, A. W. Rowe, M. L. Maley, J. D. Buttery, G. M. O'Kell, J. Pittard, A. T. Colenso-Jones, H. T. Dietrich, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL v. CARDIFF.

Before 10,000 spectators at Cardiff on October 31st, St. Bart.'s Hospital put up a splendid show against the Cardiff team, which however, badly missed the services of Cornish and Johnson at three-quarter.

The Hospital forwards played a strong exhilarating game throughout, but they were poorly supported by their halves and three-quarters. Gaisford at full back played a really wonderful game, and his fine defensive play in the second half robbed Cardiff of a much bigger victory.

Time after time Gaisford picked up at the feet of the oncoming Cardiff forwards, and always found touch with long kicks. Cardiff were the first to score; a brilliant break-through by Delahay ended in that player passing to Rees, who scored after a quarter of an hour's play. Dr. Wallace, who made a welcome reappearance in the Cardiff side, failed to convert.

The Hospital replied with several hot attacks, and Melbourne Thomas cleverly intercepted and, running past both Wallace and Maile, scored a well-earned try, which Gaisford failed to convert. Near the interval the Hospital were penalised for off-side play, and Wallace kicked a penalty goal.

The second half provided a splendid struggle, with Cardiff mostly the aggressors, but Bart.'s proved fine tacklers, and Gaisford a great full back.

Final score: Cardiff, 6 points; Bart.'s, 3 points.

The Hospital lacked the services of G. W. C. Parker (capt.) and W. S. Morgan.

Teams.—Cardiff: B. Maile, *back*; Dr. Wallace, Daph Davies, K. Turnbull, G. Rees, *three-quarters*; W. Delahay, Dan Davies, *halves*; J. Richards, G. Grant, W. Palmer, G. Davies, W. Cornish, J. Brown, F. Stephens, W. Turnbull, *forwards*.

Bart.'s: W. Gaisford, *back*; Melbourne Thomas, A. McGregor, P. O. Davies, L. Neville, *three-quarters*; J. Williams, H. McGregor, *halves*; A. Beith, A. Carnegie-Brown, J. Buttery, R. M. Bettington, A. Cooper, M. Mailey, E. Vergette, A. Rowe.

ST. BARTHOLOMEW'S HOSPITAL v. R.M.C.

Played at Winchmore Hill on November 3rd. Although the R.M.C. were defeated by St. Bartholomew's Hospital by 3 goals and a try (18 points) to a try (3 points), they were not on the general run of the play so badly beaten as the final scores would suggest.

With the wind in their favour St. Bart.'s did all the attacking during the first twenty minutes, and tries were scored by Carnegie-Brown and Viviers, one being converted by Bettington. After this, however, the Cadets shaped better, and a pretty try was scored for them by Dalrymple, their right wing three-quarter.

Just after the interval Rowe scored an easy try, which was converted by Bettington. It was near the close when Neville got possession and crossed the Cadets' line for Bettington to kick his third goal.

Team.—Bart.'s: E. V. Frederick, *back*; Melbourne Thomas, A. McGregor, P. O. Davies, L. C. Neville, *three-quarters*; T. P. Williams, H. McGregor, *halves*; A. Carnegie-Brown, Colenso-Jones, R. H. Bettington, A. W. L. Rowe, E. S. Vergette, A. B. Cooper, J. W. Buttery, M. L. Mailey, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL v. H.A.C.

A year ago St. Bartholomew's Hospital beat the H.A.C. by a margin of over 30 points, and consequently they were justified in including several reserves in their side on Saturday, November 10th, when they were successful at the H.A.C. headquarters, Finsbury Pavement, by 2 goals and 2 tries (16 points) to *nil*. The Hospital forwards laid the foundation of the victory, out-weighting the H.A.C., and exhibiting quicker breaking-up characteristics. Play never reached a high standard, but one could overlook that because a delightful keenness prevailed from start to finish.

For a quarter of an hour Nathan, the veteran wing three-quarter of the H.A.C. was off the field, getting a gashed head plastered up, but he pluckily returned to do quite well for his side. It was somewhat of a novelty to see the big Hospital captain, Parker, playing centre three-quarter, and when he was on the move he took a deal of stopping. The H.A.C. did not score, only because they lacked finish. At times they gave Bart's plenty of work, and Gaisford at full back acquitted himself in a first-class manner, fielding, kicking, and tackling consistently.

In the first half Neville concluded a splendid bout of passing by getting across, and in the second half Neville again, and McGregor twice, scored tries, Gaisford converting the first two, and hitting the post from a very difficult position after the last try. The H.A.C. are a well balanced side, and on the whole gave quite as good a display as the best regimental combinations.

Teams.—Bart's: W. F. Gaisford, *back*; M. G. Thomas, G. C. M. Parker, P. O. Davies, L. C. Neville, *three-quarters*; T. P. Williams, H. McGregor, *halves*; R. H. Bettington, G. L. Colenso-Jones, A. B. Cooper, J. A. R. Edwards, W. S. Morgan, L. Mailey, J. T. Pittard, J. W. Buttery, *forwards*.

H.A.C.: R. L. Kerr, *back*; J. Nathan, E. M. S. Lloyd, D. M. Houston, F. C. O'Brien, *three-quarters*; R. C. B. McDermid, A. S. Moore, *halves*; W. F. Hawes, N. H. Radford, B. R. Browne, J. E. M. Maw, G. Poland, W. L. Longley, F. I. Hepworth-Thompson, V. Shepherd, *forwards*.

Referee: Major C. J. O. Partridge.

The "A" XV have won 7 matches and lost 1.

The "B" XV have won 7 and lost 3.

A. Carnegie Brown (capt.), M. Fitzgerald, W. F. Gaisford, G. W. C. Parker, M. McGregor and A. E. Beith journeyed to Dublin to vie in contest for the United Hospitals against Dublin University. A singular feature was the absence of the Guy's contingent, and the big part played by this Hospital in the victory. Tries were scored by McGregor (2) and Neville (1).

Congratulations to Melbourne Thomas on figuring in the Welsh Trial match. He played well and scored twice.

A. Carnegie Brown, T. P. Williams, A. L. Rowe and A. McGregor have represented Middlesex.

Surrey have been represented by L. C. Neville, P. O. Davies and E. S. Vergette.

A. E. Beith has been hooking for Kent.

W. F. Gaisford has represented Somerset at full back. We hope he will figure in their final match, but trust he will not infringe the Scottish rules—as interpreted beyond the Border!

On October 31st Dr. T. T. Buist (an old Bart's man) entertained the team after the match. A very enjoyable evening was spent.

THE ASSOCIATION FOOTBALL CLUB.

1st Eleven.—The team is to be congratulated on its success to date. Although only five matches have been played, all five have been decisively won. The "attack" has registered no less than 18 goals, whilst the "defence" has been beaten on only 6 occasions. C. Wroth and G. G. Holmes may be mentioned as playing particularly well and consistently.

Due to the fact that we have several strong reserves this season, the Selection Committee has found difficulty in making its final selection. It is therefore unwise for anyone (anxious to keep his position) to have, too often, "another appointment" on a Saturday afternoon.

During the present month the eleven will be fully tested, as they are due to play St. John's College, Cambridge (away), H.A.C. (home), and King's College (away). We wish them the best of luck.

2nd Eleven.—Despite the fact that a glance at the results achieved by this team do not indicate a very successful commencement of the season, it is felt that the material is present for the development of quite a good team. Unfortunately the team that does play is usually not that originally selected, and thus that essential factor of co-ordination of movement is lacking, especially in the forward line. However, it is hoped that in future a regular team will be played, and then the mutual understanding will ensure efficiency, and this combined with enthusiasm will mean the return of the Junior Hospital Cup at the end of the season.

Results to date:

Oct. 27th.—Old Brentwoods	. . .	Lost	2—5
Nov. 3rd.—Old Citizens	. . .	Won	2—1
" 10th.—Glyn's F.C.	. . .	Lost	1—2
" 17th.—Foxe's F.C.	. . .	Won	6—0

Freshmen are again requested to make themselves known to E. S. Evans (Hon. Sec. 2nd XI) and J. Phelps (Hon. Sec. 3rd XI).

HOCKEY CLUB.

The hockey season continues very satisfactorily and several of our matches have been favourably reported in the press.

The 1st XI have shown great improvement, and the fact that they have only lost one match, in which seven 2nd XI men were playing, shows that they have proved themselves more than equal to the better standard of fixtures that have been arranged for this year.

Our victory over Hendon, which was one of the best matches of the season, ought to enable us next year to secure fixtures with some of the first-class teams.

The 2nd XI are settling down well and have won the last four matches.

There has never been any difficulty in raising a 3rd XI owing to the numbers wishing to play.

It is regretted that the captain of the 1st XI is leaving the Hospital this month; as centre half he was the key of the defence, and will be a great loss, but we hope we shall find someone to take his place.

J. E. Church, J. G. Milner and T. S. Goodwin have played for the United Hospitals and the first two also for Middlesex "A." C. J. P. Grosvenor has played for Herts, and J. H. Attwood for Herts "A."

The 1st XI results have been as follow:

Sat., Oct. 6th.—Guy's Hospital	. . .	Won	5—2
" " 20th.—City of London H. C.	. . .	Won	8—1
Wed., " 24th.—Woolwich Garrison	. . .	Lost	0—9
Sat., " 27th.—Old Felstedians	. . .	Won	6—2
" Nov. 3rd.—University College Hospital	. . .	Won	7—1
" " 10th.—Sandhurst	. . .	Won	6—3
" " 17th.—Hendon	. . .	Won	3—2

AMATEUR DRAMATIC SOCIETY.

It is proposed to produce for this year's Christmas Entertainment the melodrama "Sherlock Holmes," by Sir A. Conan Doyle and William Gillette.

As many were unable to obtain tickets for last year's play owing to limited seating accommodation, the Governors have kindly consented to the giving of an extra performance this year. The dates are to be January 15th, 16th, and 17th.

The usual Dress Rehearsal, to which all students without tickets can obtain admission, is billed for January 14th.

The Committee is anxious that it should be clearly understood that this play "Sherlock Holmes" is not the same as "The Return of Sherlock Holmes," now running in London.

Tickets will be available shortly.

BOXING CLUB.

The first practice of the Boxing Club was held on Thursday, November 22nd, and will continue on every Thursday from 4 to 6 p.m., on which nights Matt Wells will be in attendance to instruct. It is hoped as many as possible will come down and start training for the Inter-Hospital Contests, and the Cadets, Hospitals and Universities Championships.

SWIMMING CLUB.

At the Annual General Meeting of the Swimming Club the following officers were elected for the season 1924:

President: Mr. R. Vick.

Vice-Presidents: Mr. Lane Roberts, Dr. Dudley Stone.

Captain: G. H. Day.

Hon. Secretary: M. J. Harker.

Committee: D. A. Abernethy, G. D. Drury, N. A. Jory, P. R. Viviers.

GOLF CLUB.

The Annual General Meeting was held in the Abernethian Room on Wednesday, November 7th. Officers for the year 1923—24:

President.—Mr. Girling Ball.

Vice-President.—Dr. G. Graham.

Captain.—H. Smith.

Secretary.—H. E. Houfton.

Committee.—J. H. T. Davies, J. Holmes, W. F. Chillingworth.

A Medal Competition was held at Cassiobury Park, Watford, on Wednesday, October 31st. There were about 20 entries. Winner: C. A. Francis. Runner-up: J. Holmes.

Pipes were presented to the winner and runner-up by Mr. G. W. Jones, a former captain of the West Herts Golf Club.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred :

M.D.—F. T. Burkitt.

B.Ch.—S. Orchard, T. M. Thomas.

Diploma in Medical Radiology and Electricity.

Part II.—N. M. Bodas.

Second Examination for Medical Degrees, October, 1923.

Part III. Pharmacology and General Pathology.—B. Alexander, H. J. Burrows, J. W. D. Buttery, J. V. Dockray, M. G. Fitzgerald, M. J. Harker, G. G. Holmes, W. K. McKinstry, L. V. Pearson, H. Smith, R. S. Tooth, F. G. Winterton.

UNIVERSITY OF LONDON.

Third (M.B., B.S.) Examination for Medical Degrees :

Pass.—R. S. Coldrey, L. M. Jennings, G. Klionsky, W. E. M. Mitchell.

Supplementary Pass List.

Group I.—J. W. Joule.

Group II.—K. H. Dean, J. R. Hamerton, G. S. Morgan, C. S. C. Prance, H. N. Rose.

Diploma in Psychological Medicine. Part A.—A. Walk.

CONJOINT EXAMINING BOARD.

First Examination, October, 1923.

Chemistry.—J. G. Galt, A. Myerson, I. E. Phelps, J. M. Taylor.

Physics.—J. G. Galt, H. Stevens, J. M. Taylor.

Biology.—W. R. Batt, A. Myerson.

Second Examination.

Part I. Anatomy and Physiology.—O. H. Bellerby, P. J. Cowin, W. W. Darley, T. G. Davies (p), C. W. L. de Souza, J. A. Edward, S. Farfel, B. H. Gibson, L. L. G. Jenkins (p), D. A. Llewelyn (p), P. B. P. Mellows (a), J. Spencer.

(a) Anatomy only. (p) Physiology only.

Part II. Pharmacology and Materia Medica.—P. J. Cowin, W. W. Darley, J. T. C. Gray, E. F. D. Owen, G. F. D. Perrot, S. B. S. Smith, E. O. Watson.

The following have completed the examinations for the Diplomas of M.R.C.S., L.R.C.P. :

J. C. Ainsworth-Davis, R. S. Anderson, I. Atkin, E. J. Blackaby, C. O. S. B. Brooke, D. H. Cockell, A. B. Cooper, I. G. Davies, T. D. Deighton, D. Diamond, G. S. W. Evans, H. H. Fisher, T. S. Goodwin, P. D. Griffiths, C. J. P. Grosvenor, H. E. Harris, A. H. Johns, C. de W. Kitcat, R. A. E. Klaber, A. R. Macdonald, G. B. McMichael, C. I. N. Morvan, N. Moulson, J. Parrish, J. O. M. Rees, R. D. Reid, D. J. Rose, J. M. Scott, A. J. D. Smith, R. G. R. West.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following, having passed the requisite examinations, have been admitted *Fellows* :

E. B. Barnes, R. C. Clifford, D. S. Pracy, Herbert B. Scott.

CHANGES OF ADDRESS.

BARNES, E. B., 87, St. Giles' Street, Northampton.
COX, H. CHAVE, Chadworth, Orleans Road, N. 19.
DENHAM, H. K., Ingleside, Annerley, South Brisbane, Australia.
HARRISON, S. G., Fanning Island, Pacific Ocean.
HUXLEY, H., 11, Nottingham Place, W. 1, and Great Enton, Witley, Surrey.
JAMESON, R. W., Beckenham Road, West Wickham, Kent.
MARTIN, E. L., Glencot, Fleet, Hants.
NELSON, H. A. de B., 1, Church Lane, Merton Park, S.W. 19.
OULTON, E. V., 21, Lansdowne Place, Hove, Sussex.
SOAMES, R. M., The Moorings, Havant Road, Emworth, Hants.
THOMPSON, A., 39, Upper Rock Gardens, Brighton, Sussex.
VINTER, N. S. B., Victoria Hospital, Castries, St. Lucia, B.W.I.

APPOINTMENTS.

DEIGHTON, T. D., M.R.C.S., L.R.C.P., appointed House-Surgeon at the East Suffolk and Ipswich Hospital.
GRIFFITHS, P. D., M.R.C.S., L.R.C.P., appointed House-Physician at the Metropolitan Hospital, Kingsland Road.

HARRIS, H. E., M.R.C.S., L.R.C.P., appointed House-Surgeon at the East London Hospital for Children, Shadwell.

HARRISON, S. G., M.R.C.S., L.R.C.P., appointed Medical Officer to Fanning Island, Ltd.

HARVEY, F., Lt.-Col. R.A.M.C., appointed Lecturer (whole-time) at the Battersea Polytechnic in Hygiene, Sanitary Law and Administration under the London County Council, Ministry of Health, and Board of Education.

HERINGTON, C. E. E., M.B., B.S.(Lond.), D.P.H., appointed Assistant Medical Officer, Surrey County Council.

HOWELL, B. W., F.R.C.S., appointed Visiting Surgeon to Ministry of Pensions Hospital, Shepherds Bush.

KITCAT, C. de W., M.R.C.S., L.R.C.P., appointed House-Physician to the West End Hospital for Nervous Diseases, Welbeck Street.

MAINPRISE, C. W., D.S.O., Lt.-Col. R.A.M.C., appointed Assistant Director of Medical Services, Headquarters, Government House, Portsmouth.

VINTER, N. S. B., M.B., B.S.(Lond.), appointed Resident Surgeon, Victoria Hospital, Castries, St. Lucia, B.W.I.

BIRTHS.

BALLINGALL.—On October 24th, at Alexandria, Egypt, the wife of Capt. D. C. G. Ballingall, M.C., R.A.M.C.—a son. (By cable.)

CHAMBERLAIN.—On October 21st, at 40, Granville Gardens, Holland Park, W. 12, to Molly, wife of A. G. Chamberlain—a son.

COOK.—On October 30th, at Lyme Regis, to Mona (*nee* Schofield), the wife of P. Nield Cook, M.B.—a daughter.

MORSON.—On November 14th, at 16, Elsworth Road, N.W. 3, the wife of A. Clifford Morson, O.B.E., F.R.C.S.—a son.

PRIDHAM.—On November 4th, at Hillfield, Broadway, Dorset, to Margaret, wife of J. A. Pridham, M.C.—a daughter.

RIVIERE.—On November 18th, at St. Giles' Plain, Norwich, to Veronica, wife of Bernard B. Riviere, F.R.C.S.—a son.

ROSSDALE.—On November 13th, at 57, Upper Berkeley Street, W., to Kate, the wife of Dr. George Rosedale—a son.

STANLEY.—On October 5th, at Rue des Belles Feuilles, Paris, the wife of E. Gerald Stanley, M.S., F.R.C.S., M.D.—a daughter. (Corrected notice.)

MARRIAGES.

FIRMAN-EDWARDS—ANDERSON.—On September 15th, at St. John's Church, Coulsdon, Surrey, Langdon Firman-Edwards, M.B. (Cantab.), to Hylda, younger daughter of Mr. and Mrs. C. Labat Anderson, The Durdans, Purley, Surrey.

PATON—PULLEYNE.—On November 8th, at All Souls', Langham Place, Robin Young Paton, M.A., M.B., B.Ch.(Cantab.), F.R.C.S., to Daphne, youngest daughter of the late B. C. Pulleyne, Esq., Headingley, Yorkshire.

DEATHS.

CRIPPS.—On November 8th, 1923, at 19, Bentinck Street, W. 1, William Harrison Cripps, F.R.C.S., of Glendarnel, Argyllshire, N.B., and 19, Bentinck Street, aged 73.

LATHAM.—On October 29th, 1923, at 15, York Crescent, Clifton, Bristol, Peter Wallwork Latham, M.D., F.R.C.P., late Downing Professor of Medicine in the University of Cambridge, aged 91.

WESTCOTT.—On November 6th, 1923, at Queen Alexandra's Military Hospital, Millbank, Colonel Sinclair Westcott, C.B., C.M.G., beloved husband of Ethel Westcott, 8, Cromwell Place, S.W., aged 64.

WOODROOFE.—On November 9th, 1923, George Borries, M.B., B.C. (Cantab.), of Intake, Sheffield, son of the late Henry Reade Woodroffe, Archdeacon of Grahamstown, S.A., aged 54.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, St. Bartholomew's Hospital Journal, St. Bartholomew's Hospital, Smithfield, E.C.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. Telephone : City 510.